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	UTILITY PATENT APPLICATION TRANSMITTAL
	(Only for new nonprovisional applications under 37 CFR 1.53(b))
Attorney Docket No	80398P325
(maximum 12 characters) First Named Inventor _	Hawley K. Rising III
Title: <u>A METHOD ANI</u> TRANSFORMS	D APPARATUS OF CREATING APPLICATION-SPECIFIC, NON-UNIFORM WAVELET
Express Mail Label No.	EL431886073US

ADDRESS TO:	Assistant Commissioner for Patents Box Patent Application Washington, D. C. 20231	
APPLICATION See MPEP cha	ELEMENTS pter 600 concerning utility patent application contents.	
1. <u>X</u>	Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	

2.		Applicant Claims Small Entity Status. (37 CFR 1.27)
3.	<u>_x</u>	Specification (Total Pages
A	Y	Drawings(s) (35 USC 113) (Total Sheets 14)

(Total Sheets 14__) 5. Oath or Declaration (Total Pages 5_) Newly Executed (Original or Copy) Copy from a Prior Application (37 CFR 1.63(d)) (for Continuation/Divisional with Box 17 completed) DELETIONS OF INVENTOR(S) Signed statement attached deleting i. inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). _X_ Unsigned. Application Data Sheet. (37 CFR 1.76) 6. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission 8. (if applicable, all necessary)

ACCOMPANYING APPLICATION PARTS
9 Assignment Papers (cover sheet & documents(s)) 10 a. Separate 37 CFR 3.73(b) Statement (where there is an assignee)
b. Power of Attorney
11 English Translation Document (if applicable)
12 a. Information Disclosure Statement (IDS)/PTO-1449
b. Copies of IDS Citations
13 Preliminary Amendment
14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15 Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. X Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. X Other: Copy of Postcard with Express Mail Label
18A. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:
Continuation Divisional Continuation-in-part (CIP) Of Prior Application No.: Examiner Group Art Unit
(which is a continuation/ divisional/ CIP of prior application no, which is a continuation/ divisional/ CIP of prior application no) (List entire chain of priority)
For CONTINUATION AND DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 18B. Statement under 37 CFR 3.73(b) for continuing application: The undersigned states that
19. Correspondence Address
Customer Number or Bar Code Label or (Insert Customer No. or Attach Bar Code Label here) X Correspondence Address Below
NAMEArchana B. Vittal
BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
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Seventh Floor
CITY Los Angeles STATE California ZIP CODE 90025-1026
Country U.S.A. TELEPHONE (408) 720-8300 FAX (408) 720-9397
Name (PRINT/TYPE): Archana B. Vittal Registration No.: 45,182
Name (PRINT/TYPE): Archana B. Vittal Registration No.: 45,182 Signature: Date: 1 (200)

any over payments to: Deposit Account Number		Under t	he Paperwork	Reduction	Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number
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First Named Invertor Herewith					
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Description Content					
METHOD OF PAYMENT (check one)					
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Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	1.	[X]			
[] Applicant claims small entity status. See 37 CFR 1.27 2. X Payment Enclosed: X Check Credit Card Money Order Other FEE CALCULATION 1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Fee Fee Code (\$) Code (\$) Fee Description Fee Paid 101 710 201 355 Utility application filling fee 710.00 Design application filling fee 107 490 207 245 Plant filling fee 108 710 208 355 Reissue filing fee 114 150 214 75 Provisional application filling fee SUBTOTAL (1) \$ 710.00 2. EXTRA CLAIM FEES Extra Claims Fee from below Fee Paid Nultiple Dependent Claims 4 - 3** = 1					
2. X Payment Enclosed: X Check		[X]	Charge	Any Ac	dditional Fee Required Under 37 CFR 1.16 and 1.17
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FEE CALCULATION (continued) ADDITIONAL FEES 3. Large Entity **Small Entity** Fee Fee Fee Fee Fee Paid Fee Description Code (\$) Code (\$) Surcharge - late filing fee or oath 205 65 105 130 Surcharge - late provisional filing fee 25 227 127 50 or cover sheet Non-English specification 130 139 130 139 For filing a request for ex parte reexamination 147 2.520 147 2,520 Requesting publication of SIR prior to 920* 112 920* 112 Examiner action Requesting publication of SIR after 1.840* 113 1.840* 113 **Examiner action** Extension for reply within first month 55 215 115 110 Extension for reply within second month 195 116 390 216 Extension for reply within third month 445 117 890 217 Extension for reply within fourth month 695 1.390 218 118 Extension for reply within fifth month 945 228 128 1.890 Notice of Appeal 155 310 219 119 Filing a brief in support of an appeal 155 310 220 120 Request for oral hearing 221 135 270 121 Petition to institute a public use proceeding 1,510 138 138 1,510 Petition to revive - unavoidable 55 240 140 110 Petition to revive - unintentional 620 141 1.240 241 Utility issue fee (or reissue) 620 142 1,240 242 Design issue fee 220 440 243 143 Plant issue fee 244 300 144 600 Petitions to the Commissioner 122 130 122 130 Petitions related to provisional applications 130 123 130 123 Submission of Information Disclosure Stmt 180 126 180 126 Recording each patent assignment per 581 40 581 40 property (times number of properties) For filing a submission after final rejection 355 246 146 710 (see 37 CFR 1.129(a)) For each additional invention to be examined 355 149 710 249 (see 37 CFR 1.129(b)) Request for Continued Examination (RCE) 355 710 279 179 Request for expedited examination of a design 900 169 900 169 application Other fee (specify) Other fee (specify) SUBTOTAL (3) \$____0 *Reduced by Basic Filing Fee Paid SUBMITTED BY: Typed or Printed Name; Archana B. Vittal Date: Signature: _ 🕖 Telephone Number: _____ (408) 720-8300 Reg. Number: 45.182

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